

2010 ELECTION CYCLE

Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Delbert Hosemann
SECRETARY OF STATE



Name of Candidate

TOM LEVIDIOTIS

Address

P.O. Box 1617 Oxford 38655 County Lafayette

Telephone Work

462 234 1070

Home

Fax

662 281 1032

Contact Name

TOM LEVIDIOTIS

Email Address

tom@tomlevidiotis.com

Office Sought



Check here if above is different from previous report

- May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1000. ⁰⁰ + \$ 300. ⁰⁰	\$ 1300. ⁰⁰	\$ 105,998
Total amount of disbursements	\$ 14024. ¹³ + \$ 1471. ⁴⁶	\$ 15,495. ⁵⁹	\$ 105,455. ⁸³
Total amount of cash on hand		\$ 542.17	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

1/9/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 126, Jackson, MS 39206 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Tom Levidiotis

Reporting period

10/23/2010

through

11/10/2011

ITEMIZED DISBURSEMENTS

A. Full name	U. S. POSTMASTER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	U S P O	10/20/2010	\$ 1123.52
City, State, Zip Code	TURLO, MS 38801	___/___/___	\$
Purpose of Disbursement (Optional)	POSTAGE	Aggregate Year-to-date	\$ 1158.52
B. Full name	TV7	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	803 580	10/28/2010	\$ 250
City, State, Zip Code	BRULE, MS 38815	___/___/___	\$
Purpose of Disbursement (Optional)	TV Time Ad Placemat	Aggregate Year-to-date	\$ 280
C. Full name	Swinehart Construction	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	132 Silverstone Drive	11/8/2010	\$ 2540.61
City, State, Zip Code	RENAISSANCE FL 32507-3345	___/___/___	\$
Purpose of Disbursement (Optional)	CAMPAIGN CONSULTING + EXPENSES	Aggregate Year-to-date	\$ 68307.91
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$

Page 1 of 1

Name of Candidate or Committee TOM Levidiotis
 Reporting period 10/27/2010 through 1/10/2011

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	Date Day, Year	Amount of each receipt this period
Full name <u>John McEwen</u>		<u>10</u>	<u>27</u> <u>10</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. B. 864</u>		____	____	\$
City, State, Zip Code <u>OKLAHOMA 73155</u>		____	____	\$
Name of Employer (Required) <u>Self</u>		____	____	\$
Occupation (Required) <u>Businessman</u>		Aggregate year-to-date		\$ <u>1250</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	Date Day, Year	Amount of each receipt this period
Full name		____	____	\$
Mailing Address		____	____	\$
City, State, Zip Code		____	____	\$
Name of Employer (Required)		____	____	\$
Occupation (Required)		Aggregate year-to-date		\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	Date Day, Year	Amount of each receipt this period
Full name		____	____	\$
Mailing Address		____	____	\$
City, State, Zip Code		____	____	\$
Name of Employer (Required)		____	____	\$
Occupation (Required)		Aggregate year-to-date		\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		(Mo., Day, Year)	Date Day, Year	Amount of each receipt this period
Full name		____	____	\$
Mailing Address		____	____	\$
City, State, Zip Code		____	____	\$
Name of Employer (Required)		____	____	\$
Occupation (Required)		Aggregate year-to-date		\$